19460

Zip Code

Pennsylvania

State or Country

18 AUG 2005

UTILITY PCT D/O

Street Address

City

Pennsylvania

State or

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare: that my residence, post office address and citizenship are as stated below next to my name; that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: COMPOUNDS, COMPOSITIONS AND METHODS FOR TREATING OR PREVENTING VIRAL INFECTIONS AND ASSOCIATED DISEASES the specification of which [check one(s) applicable] was filed April 23, 2003 as International Application No. PCT/US03/12192 on which U.S. Patent X Application No. 10/511,430 is based. (if applicable); [or]; and was amended by Amendment filed is attached to this Declaration, Power of Attorney and Power to Inspect; that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and that I acknowledge my duty to disclose information which is material to the examination of this application in accordance wit Rule 56 (a) [37 C.F.R. §1.56(a)]. CLAIM UNDER 35 USC §119(e): I hereby claim the benefit under 35 USC §119(e) of any United States provisional applications listed below: Provisional Application No. Filing Date Day/Mo/Year 60/374,740 23-04-2002 POWER OF ATTORNEY: As inventor, I hereby appoint DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Kathleen D. Rigaut, Ph.D., J.D. Reg. No. 43,047; Patrick J. Hagan, Esq. Req. No. 27,643. POWER TO INSPECT: I hereby give DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application. SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110 DIRECT INOUIRIES TO: Telephone: (215) 563-4100 Facsimile: (215) 563-4044 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. SECOND JOINT INVENTOR (IF ANY) SOLE OR FIRST JOINT INVENTOR Thomas First Middle Last Middle Signature Signature Residence Phoenixville Pennsvlvania Residence State or Country Citizenship <u>United States of America</u> Citizenship United States of America Post Office Address: Post Office Address: 217 Amanda Lane 995 Marshall Drive Street Address

<u>194</u>65

Phoenixville

THIRD JOINT INVENTOR (IF ANY)

FOURTH JOINT INVENTOR (IF ANY)

Full Name Dorothy C. YOUNG First Middle La	First K. CHUNDURU First Middle Last
Signature	Signature Sravas Chemdun Date Avg 3 2005
Residence Gainesville, Pennsylvania City State or Country	Residence West Chester Pennsylvania City State or Country
Citizenship United States of America	Citizenship <u>United States of America</u>
Post Office Address:	Post Office Address:
6017 Upland Meadow Court Street Address	1509 Grove Court Street Address
Gainesville, Virginia 20155 City State or Country Zip Co	ode City State or Country Zip Code

UTILITY PCT D/O

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: COMPOUNDS, COMPOSITIONS AND METHODS FOR TREATING OR PREVENTING VIRAL INFECTIONS AND ASSOCIATED DISEASES

the specification of which		ND MODOCIM	TED DIOERIO			
	il 23, 2003 as Internation	nal Application N	No. PCT/US03	/12192 on whic	h U.S. Patent	
	o. 10/511,430 is based.					
	d by Amendment filed		(if a	pplicable); [or];		
	s Declaration, Power of Att	torney and Powe		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
that I have review	ved and understand the conte	ents of the above-	identified specific	ation, including	the claims, as ame	nded by any amendmer
referred to above; and that	t I acknowledge my duty to	disclose inform	ation which is ma	terial to the exan	nination of this ap	plication in accordanc
wit Rule 56 (a) [37 C.F.R.	§1.56(a)].					
CLAIM UNDER 35 USC below:	§119(e): I hereby claim	the benefit und	er 35 USC §119(e) of any United	d States provisio	nal applications liste
·	Provisional Application		Filing Date Day/Mo/Year			
	60/074 740		23-04-2002			
	60/374,740		23-04-2002			
POWED OF ATTORNE	Y: As inventor, I hereby ap	noint DANN D	ODEMAN HED	DELL VID CK	HIMAN PC 6	of Philadelphia P∆ an
the following individual(s)	as my attorneys or agents v	with full nower o	f substitution to m	rosecute this app	lication and to tra	insact all business in th
Patent and Trademark Offi	ce connected therewith: Ka	thleen D. Rigau	t, Ph.D., J.D. Reg	. No. 43,047;	Patrick J. Hagan	, Esq. Req. No. 27,643
DOLLED TO DICRECT.	Thereber since DANNI DO	DEMANT THED	DELL AND CEN	IIMAN D.C.	f Dhiladalphia D	tA or its duly accredite
representatives power to in	I hereby give DANN, DO aspect and obtain copies of	the papers on fil	e relating to this a	polication.	or Filliaucipilia, F	A of its duty accredited
_				ppou.		
	NCE TO: CUSTOMER I O: Telephone: (215) 563-			A		
Thereby declare that all statements	ents made herein of my own kn	owledge are true ar	e: (215) 505-404 d that all statements		on and belief are beli	ieved to be true; and furthe
that these statements were made	de with the knowledge that will	lful false statement	s and the like so mad	de are punishable b	y fine or imprisonm	ient, or both, under Sectio
1001 of Title 18 of the United	l States Code and that such wil	llful false statemen	ts may jeopardize th	e validity of the ap	oplication or any pa	tent issued thereon.
					-	
SOLE (OR FIRST JOINT INVE	NTOR		SECOND JOI	NT INVENTOR	(IF ANY)
Full NameGuy	D.	DIANA Last	Full Name	Thomas	R.	BAILEY
First	Middle	Last	-00·	First	Middle	Last
				Maril	12	
Signature			Signature	THANK Z.	(Fra)	
Date		,	Date	August 2	,2095	
Residence Pottstown	n Pennsylv	vania	Residence _	Phoenixvil	le	Pennsylvania
City	State or Cour			City	Sta	te or Country
Citizenship <u>Unite</u>	ed States of America	a	Citizenshi	United	States of Am	erica
Post Office Address	3:		Post Office	e Address:		
995 Marshall Driv	<i>r</i> e		217 Amand	la Lane		
Street Address		<u> </u>	Street Add			USX
Pottstown	Pennsylvania	19465	Phoenix		Pennsylva	nia 19460
	or Country	Zip Code	City	State	or Country	Zip Code

THIRD JOINT INVENTOR (IF ANY)

FOURTH JOINT INVENTOR (IF ANY)

Full Name Dorothy C. YOUNG	Full Name Srinivas K. CHUNDURU
First Middle Last	First Middle Last
Signature Onothy Cybring Date 8-12-05	Signature
Residence Gainesville, Pennsylvania City State or Country	Residence West Chester Pennsylvania City State or Country
Citizenship <u>United States of America</u>	Citizenship <u>United States of America</u>
Post Office Address:	Post Office Address:
6017 Upland Meadow Court Street Address	1509 Grove Court Street Address
Gainesville, Virginia 20155 City State or Country Zip Code	West Chester Pennsylvania 19380 City State or Country Zip Code
GECY Deace of country are	•